



41C

ELDERLY
Exemption Information Form
Fiscal Year 2003 (July 1, 2002 — June 30, 2003)
CITY OF BOSTON ASSESSING DEPARTMENT
M. G. L. CHAPTER 59, § 5 Clause 41C

IDENTIFICATION

Answer all questions on this form in full.

1. Ward and Parcel # _____
2. Name _____
3. Street Address of property upon which exemption is claimed: _____
4. Zip Code _____
5. Property Class _____
6. Telephone No. (Day) () _____
7. Social Security Number _____ (Required for Refund)
8. Date of birth ____/____/____
9. Marital status _____

STATUS

10. Indicate status: _____ Sole owner _____ Co-owner with spouse
- _____ Co-owner with person not a spouse. Indicate your per cent share _____ %

ELIGIBILITY INFORMATION

11. As of July 1, 2002, were you 70 years of age or older? _____ Yes _____ No
- If YES, please attach Birth Certificate (Must be 70 years as of 7/1/02)**
12. As of July 1, 2002, did you own and occupy the above property as your principal residence? _____ Yes _____ No
13. Have you owned and occupied **any** property in Massachusetts for at least five years? _____ Yes _____ No
14. Have you resided in Massachusetts for the past **ten** years? _____ Yes _____ No
15. As of July 1, 2002, did you own **other real estate**? _____ Yes _____ No

- If YES:** a. Indicate total assessed value of that other property or properties a. \$ _____
- b. Indicate outstanding mortgage **as of July 1, 2002** b. \$ _____
- c. Check applicable box(es): _____ Sole owner _____ Co-owner with spouse _____ Co-owner with others

16. List all non-real estate assets **as of July 1, 2002** (Include the value of your qualified retirement accounts and annuities)
- a. Amount in Bank Accounts (Savings, Checking, Certificates of Deposit) a. \$ _____
- b. Value of Stocks, Bonds and Securities b. \$ _____
- c. Value of Motor Vehicles c. \$ _____

Total: \$ _____

17. Indicate GROSS INCOME from all sources from July 1, 2001 - June 30, 2002.	Applicant and Spouse		Co-owner(s) and Spouse(s)	
	a.			
	b.			
	c.			
	d.			
	e.			
	f.			
	g.			
	h.			
NOTE: Copies of Federal and State Income Tax Returns may be required for substantiation.		Total gross receipts:		

SIGN HERE

18. By requesting consideration for exemption, I hereby authorize the City of Boston Assessing Department to make any and all inquiries to any party regarding 1) any income attributable to me in whatever form including, but not limited to, retirement and/or pension benefits from both public and private sources, and 2) any bank account, whether held in my name individually, as trustee or agent, or against which I have the power to draw, whether or not my name appears. I have read this return. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

_____/_____/_____
Your Signature

_____/_____/_____
Date

Mail Return To: ASSESSING DEPARTMENT, Room 301, Boston City Hall, Boston, MA 02201

For those filing before the Third Quareter Tax bill is issued: If your application is received timely and approved, the exemption should appear on your Fiscal Year third quarter tax bill.

For those filing after the third quarter tax bill is issued: If this exemption doeas not appear on the third quarter tax bill, you have 3 months from the mailing date of the third quarter tax bill to file. If the application is filed timely and approved, the excemption will be credited on the Fiscal Year fourth quarter tax bill.